

PATENT
450101-02373

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Yasushi TAKAHASHI, et al.

Serial No. : 09/869,254

Filed : JUNE 26, 2001

For : VIDEO INFORMATION EDITING METHOD AND
EDITING DEVICE

Examiner : Vu, Thanh T.

Art Unit : 2174

Confirmation No. : 2265

RECEIVED

OCT 19 2004

Technology Center 2100

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: **Mail Stop Amendment, Commissioner for
Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on
October 8, 2004**

Dennis M. Smid Reg. No. 34,930

(Name of Applicant, Assignee or Registered Representative)

Signature

October 8, 2004

Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

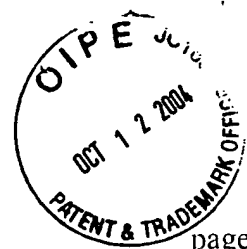
Dear Sir:

In response to the Office Action mailed on July 8, 2004, having a three-month
statutory period for response set to expire on October 8, 2004. Please amend the above-
identified application as follows.

10/14/2004 WABDELRI 00000014 09869254

01 FC:1201

88.00 OP

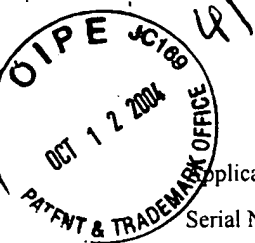


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Amendments to the Claims are reflected in the listing of claims which begins on

page 3 of this paper.

Remarks/Arguments begin on page 21 of this paper.



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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	46	Minus	** =64	* 0 x	\$18 (9)	= \$ 0.00
Independent claims	9	Minus	*** =8	* 1 x	\$88 (44)	= \$ 88.00
Total additional fee for this amendment						\$ 88.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$300(150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$88.00 is attached, which covers the cost of ☒ additional claims _____ petition for extension of time.
- ☐ Charge \$ _____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

October 8, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:

Dennis M. Smid
Reg. No. 34,930